



TEMPORARY HEALTH LICENSE APPLICATION

BRAZORIA COUNTY ENVIRONMENTAL HEALTH

111 E. Locust Bldg A-29, Ste. 270, Angleton, TX 77515

979-864-1600

NAME(S): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE # (S): _____

EVENTS: _____ DATE: _____

TIME: _____ LOCATION: _____

PRODUCTS/MENU: _____

**I HAVE READ AND FULLY UNDERSTAND THE ATTACHED INFORMATION SHEET
ON FOOD SERVICE SANITATION.**

DATE

SIGNATURE

Before me, the understand authority, on this day personally appeared _____,
known to me to be the person(s) whose name(s) is/are signed to the foregoing application and duly
sworn by me, each states under oath that he/she has read the said application and that all facts therein
set forth are true and correct.

Sworn to before me, this _____ day of _____ 20____.

Notary Public

OFFICE USE:

DATE

REVIEWED BY